

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

NOTICE OF EMPLOYMENT OR TRANSFER OF PRIVATE DETECTIVE LICENSE

IMPORTANT: You must either be covered by your employer's liability policy or you must obtain your own \$2,000 bond. Do not mail this form until you are covered either by bond or by insurance. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or DSPSCREDSecurity@wisconsin.gov.

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

 - -

Date of Birth

 / /

License Number

Do you currently hold a Firearms Permit?

☐ Yes ☐ No

List all Current Employers:

Reason for completing this form: (check one box)

☐ I am transferring to the Private Detective/Security Agency listed on page 2 from employment at:

☐ I am returning to work for the Private Detective/Security Agency listed on page 2.

☐ I will work for more than one Agency and the Agency listed on page 2 is in addition to the Agency the Department currently has on record.

I do solemnly swear that the foregoing statements are true and correct. If it is necessary for me to carry a firearm or other dangerous weapon while on duty, I will secure permission to do so, as required by law, and file a "Firearm Certification of Proficiency" (**Form #467**), in the use of such weapon with the Department of Safety and Professional Services. I understand that failure to comply with the Wisconsin Statutes and the rules of the Department may result in disciplinary action against my license.

 / /

Applicant Signature

Date

APPLICATION FEES: Make check payable to DSPS and attach to this application.

☐ \$10.00 Transfer/Employment Fee

For Receipting Use Only (63)

Wisconsin Department of Safety and Professional Services

TO BE COMPLETED BY PRIVATE DETECTIVE/SECURITY AGENCY:

Name of Employing Agency: (exact name as it appears on the Agency's license)

License Number of Employing Agency:

Main Office Telephone Number

				-										
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--

Main Office Address of the Employing Agency: (street, city, state, zip)

This statement must be signed by the sponsoring sole proprietor owner of the agency, or by the officer or partner of a corporation or partnership who has been designated as the principal.

This is to certify I will assume responsibility for the Private Detective applicant pursuant to the Department rules. I also certify that the Private Detective is covered by one of the following, as required by Wis. Stat. § 440.26(4):

- ☐ Agency's liability policy.
- ☐ Applicant's firearms permit, which is covered by our insurance policy.
- ☐ A \$2,000 bond, which specifically covers the applicant.

			/			/						
--	--	--	---	--	--	---	--	--	--	--	--	--

Signature of Agency Sole Proprietor, Officer, or Partner

Date

Print Name of Person Signing above